Kansas Department of Health and Environment Bureau of Air and Radiation 1000 SW Jackson, Suite 310, Topeka, Kansas 66612-1366 Phone (785) 296-1570 Fax (785) 291-3953

CLASS II PERMIT-BY-RULE APPLICATION FORM $\mathbf{RECIPROCATING\ ENGINES}^1$

| 1) | Source ID Number: | | | | | |
|----|--|------------------|-----------------|--------|-----------|--|
| 2) | Source/Company Name | e: | | | | |
| 3) | Source Location: | | | | | |
| | Street Address: | | | | | |
| | | | | | Zip: | |
| | Section: | Township: | Ownship: Range: | | | |
| | Mailing Address: | | | | | |
| | City: | | State: | | _ Zip: | |
| 4) | Corporate/Company Ov | wner: | | | | |
| | Name: | | | | | |
| | | | | | | |
| | City: | | State: | | _ Zip: | |
| 5) | Corporate/Company Operator (if different from owner): | | | | | |
| | Name: | | | | | |
| | Mailing Address: | | | | | |
| | City: | | State: | | _ Zip: | |
| 6) | Person submitting the a | application: | | | | |
| | Name: | | | Phone: | | |
| | Title: | | | Fax: | | |
| | At (check one): Own | ner Address Open | ator Address | Sourc | e Address | |
| | Other (specify) | | | | | |
| 7) | Contact person for this permit: | | | | | |
| | Name: | | P | hone: | | |
| | Title: | | | Fax: | | |
| | At (check one): Owner Address Source Address | | | | | |
| | Other (specify) | | | | | |
| 8) | North American Industry Classification System (NAICS)/Standard Industrial Classification (SIC) Code and description for the control of the co | | | | | |
| | the facility: | | | | | |

¹ For the purposes of this application, a reciprocating engine stationary source is any source with one or more stationary reciprocating engines of any design or fuel type.

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| 9) | Does the facility contain emission sources, other than those associated with the reciprocating engine(s), that alone, or in combination with the reciprocating engine(s), would require the source to obtain a Class I operating permit solely because of its potential-to-emit ² ? | | | | |
|-----|--|--|--|--|--|
| | | ot qualify for a permit by rule under K.A.R. 28-19-561. Submit the mit application after review of K.A.R. 28-19-500 (operating permit; | | | |
| | No | | | | |
| 10) | Does the facility have a capacity of less than 730 horsepower, 550 kilowatts, or 5.1 million Btu per hour fuel input? | | | | |
| | | rate without obtaining a Class I or Class II air operating permit. Do not m. Note: Some sources may be required to submit a Class III air operating | | | |
| | No | | | | |
| 11) | If the facility has a capacity of greater than or equal to 730 horsepower, 550 kilowatts, or 5.1 million Btu per hour, does the facility agree to: | | | | |
| | a. Limit the operations of the source during each consecutive 12 month period to 5,800,000 horsepower hours, 4,300,000 kilowatt hours, or 40,000 million Btu fuel input? | | | | |
| | | the restrictions specified above (less than 5,800,000 horsepower hours, tu fuel input) are being met for each consecutive 12 month period and that | | | |
| | c. Annually submit to the department in accordance with K.A.R. 28-19-561(c)(5), on forms approved by the department, a report of the actual horsepower hours, kilowatt hours, or Btu fuel input for the preceding calendar year? | | | | |
| | Yes | | | | |
| | | ot qualify for a permit by rule under K.A.R. 28-19-561. Submit the mit application after review of K.A.R. 28-19-500 (operating permit; | | | |
| 12) | Choose the units the facility will monitor and report: | | | | |
| | Output of generator (kW-hrs) | | | | |
| | Horsepower multiplied by hours of operation (hp-hrs) | | | | |
| | Fuel input (MMBtu) | | | | |
| | Signature of Responsible Official | Date | | | |
| | Title of Responsible Official | - | | | |

Source ID Number: _____

² For the purposes of this application, a reciprocating engine stationary source shall be presumed to operate without emission controls whether or not the source has emission controls.